

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214519279</b>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>GENWORTH LIFE AND ANNUITY INSURANCE COMPANY</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>Bank of America Center, 16th Floor</b>  <b>1111 East Main Street</b></p> <p><b>RICHMOND, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>3/31/2014</b></p> <p>SCC ID NO: <b>00025106</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>50,000</td> </tr> <tr> <td>PREFER</td> <td>80,000</td> </tr> <tr> <td>PREFA</td> <td>120,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	50,000	PREFER	80,000	PREFA	120,000
CLASS	AUTHORIZED									
COMMON	50,000									
PREFER	80,000									
PREFA	120,000									
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 6620 W BROAD STREET</p> <p style="margin-left: 40px;">CITY/ST/ZIP: RICHMOND, VA 23230</p>										
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ELENA K EDWARDS  TITLE: COB/PRES/CEO  ADDRESS: 6620 W BROAD STREET  CITY/ST/ZIP/CO: RICHMOND, VA 23230 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ELENA K EDWARDS TITLE: COB/PRES/CEO ADDRESS: 6620 W BROAD STREET CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR					
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WARD E. BOBITZ  TITLE: VP &amp; ASST. SEC  ADDRESS: 6620 W BROAD STREET  CITY/ST/ZIP/CO: RICHMOND, VA 23230 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WARD E. BOBITZ TITLE: VP & ASST. SEC ADDRESS: 6620 W BROAD STREET CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR					
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THOMAS E. DUFFY  TITLE: SVP/GC/S  ADDRESS: 6620 W BROAD STREET  CITY/ST/ZIP/CO: BUILDING 2  RICHMOND, VA 23230 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: THOMAS E. DUFFY TITLE: SVP/GC/S ADDRESS: 6620 W BROAD STREET CITY/ST/ZIP/CO: BUILDING 2 RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR					
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: VIDAL J TORRES, JR  TITLE: VP &amp; AS  ADDRESS: 6620 W. BROAD ST.  CITY/ST/ZIP/CO: RICHMOND, VA 23230 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: VIDAL J TORRES, JR TITLE: VP & AS ADDRESS: 6620 W. BROAD ST. CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR					
NAME: VIDAL J TORRES, JR TITLE: VP & AS ADDRESS: 6620 W. BROAD ST. CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JEFFRY S. WRIGHT  TITLE: TREASURER  ADDRESS: 6620 W BROAD STREET  CITY/ST/ZIP/CO: RICHMOND, VA 23230 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JEFFRY S. WRIGHT TITLE: TREASURER ADDRESS: 6620 W BROAD STREET CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR					
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: AMY R. CORBIN  TITLE: SVP AND CFO  ADDRESS: 6620 WEST BROAD  CITY/ST/ZIP/CO: RICHMOND, VA 23230 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: AMY R. CORBIN TITLE: SVP AND CFO ADDRESS: 6620 WEST BROAD CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR					
NAME: AMY R. CORBIN TITLE: SVP AND CFO ADDRESS: 6620 WEST BROAD CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR								

NAME:	PAUL A. HALEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP & CHIEF ACT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	DANIEL J SHEEHAN, IV	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP & CIO		
ADDRESS:	3001 SUMMER ST		
CITY/ST/ZIP/CO:	STAMFORD, CT 06905		
NAME:	LEON E. RODAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	GREGORY S KARAWAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	HOPE M VAUGHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	THERESA A MYERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	MARTIN P KLEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	JOHN O NIGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	JAC J AMERELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CONTROLLER		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	JOHN G APOSTLE II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CHIEF COMPLI		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	DAVID C ARMSTRONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP AP. ACTUARY		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

NAME:	PAMELA C ASBURY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	AARON C BALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	MARY V BARNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	BRUCE E BOOKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP ILLUS ACT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	ROBERT J BOWEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	HARRY D DUNN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	LEWIS P FICKETT III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & AS		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	BOBBY W THOMPSON JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMON, VA 23230		
NAME:	MICHELE L. TRAMPE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	PAUL R GOMEZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	KELLY L GROH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

NAME:	MARK HOLBROOK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	HENRY HUTCHERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	DENNIS J INGERSOLL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	GAIL F LASKOWITZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & AS		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	KRISTI A LEIGHTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	JEAN L LINNENBRINGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	PAUL J LOVELAND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	DEDE J MADDOX	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	DANIEL L MATTHEWS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	SCOTT J MCKAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	CHRIS M OLSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

NAME:	MICHAEL PAPPAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	ANTHONY J PONSIGLIONE II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	MICHAEL SHADLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	KEVIN G SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	ANTHONY P VOSSENBERG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	LANDIS W ATKINSON III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	LISA J BALDYA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	JOSEPH C EARLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	DEBRA K LUSK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	RICHARD K TANGARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	EDWARD A TEPPER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6620 WEST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ HOPE MVAUGHAN	HOPE MVAUGHAN,	4/14/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		